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Who Needs a Vacation?

JULY is a favorite month for vacation, at least with many people. That is only partly due to the fact that the great national holiday, The Fourth, occurs in this month; in part it is, because of the hot summer weather. The principal reason, however, probably rests in the general custom of turning the children loose some time during June, for several weeks, so that the whole family can join in a flitting out of town for a change of environment, for such rest as may be possible, and, likewise, for recreation.

Not so long ago, the present writer stuck up his nose at the idea of vacation, having been brought up under the old, strict discipline, when vacations, like birthday celebrations, were declared to be the prerogative of the rich. It seemed to him rather a waste of time and money, a bit of snobishness, in fact, to take a vacation, and, moreover, he felt that he "could not get

away", even if he had considered the expense justified in other ways.

An ancient philosopher declared that times change and we change with them; accordingly, we have altered our viewpoint and, now, are as cordially and insistently in favor of vacations as we were formerly indifferent or even opposed to them.

It may be that times and circumstances have become more strenuous. It also is possible that our individual resistance to mental and physical strength has been lessened. At any rate, we are of the opinion that all workers are in need of periodical relaxation. Among them, we want to include, with especial insistence, the wives and mothers.

Pater-familias, especially if he is a physician, may, and does, become very weary and often feels that he can not carry on without some sort of a break and change, without getting away from things. That

The Socalled Interstitial-Gland Implantation

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THE subject of implantation, or transplantation, of socalled "interstitial glands"—which is an euphemism for the testicle—has received so much publicity, and there has been so much discussion as to whom credit for the pioneer work is due, that I feel it is incumbent upon me to briefly present the history of the operation.

The first operation was done with material taken from a dead body on January 16, 1914. The operation was done by myself and upon myself. The donor of the gland (the entire testicle) was an apparently healthy subject, 18 years of age, dead 17 hours. The material was kept in physiologic saline solution for seven hours prior to implantation. The operation was performed with the assistance of my then associate, Dr. Carl Michel, now in the Public Health Service in San Juan, Porto Rico. Local anesthesia was employed. On the eighth day, half the implanted tissue was removed and found to be covered with an abundance of new blood vessels. The remainder of the gland was allowed to remain in situ. Microscopic examination of the removed tissue showed that new blood vessels had formed within the substance of the gland. The half of the gland which was allowed to remain was gradually absorbed but did not entirely disappear until about the end of the year, during which time I had abundant opportunities to note the physiologic effects.

Since the operation described in the foregoing, I have performed a large number of implantations upon both sexes, in all of which I have made careful observations of what I believe to be the effects of internal secretion of the sex glands upon the human body. The more important of my conclusions are as follows:

Results of Implantation

1. Therapeutically successful total or partial implantation of human reproductive glands, in both male and female, is prac-

ticable. So long as a vestige of the implanted glands remains, hormone is formed and absorbed, producing effects that endure even after complete absorption has occurred.

2. Glands taken from a healthy dead body, at any reasonable time prior to the beginning of decomposition, are suitable material and, if implantation succeeds, are of therapeutic value equal to those taken from the living body.

3. The hormone of the glands in question is stimulant, nutrient, tonic and reconstructive, and should be beneficial in many forms of chronic disease.

4. The development of senility can be retarded and longevity probably increased by hormones administered by gland implantation. In one case, the previously gray hair upon the arms and breast and the almost entirely gray eye-brows and beard became noticeably darker within a few weeks.

5. Gland implantation is of marked benefit in cases of defective sex development of various kinds.

6. It apparently is valuable in certain obstinate forms of chronic skin disease, notably in psoriasis.

7. It appears to be of great value in arteriosclerosis when this is not too far advanced.

8. Thus far, it has been very effective in anemia.

9. Gland implantation is quite uniformly effective in increasing physiologic efficiency with all the benefits accruing therefrom.

10. Several patients coming under my observation and submitting to gland implantation have experienced apparently extraordinary results, notably several cases of imperfect sex development with feminine attributes, in the male, and in cases where the subject had been rendered thoroughly inefficient in every way, as a result of injury or disease.

11. It is not necessary that the implant-

ed gland should remain permanently in order to secure beneficial results.

Priority of Author's Work

My first series of articles upon the subject appeared in the *New York Medical Journal* for October 17, 24, and 31, and November 7, 1914. In this series of papers, I presented extensive studies and microphotographs of sections taken from implanted glands which had been removed, afterwards, for study. Some of my most remarkable sections and photographs were taken from a male gland removed 30 hours after the death of the donor, refrigerated for four days and implanted upon the body of an insane female, 60 years of age. At the end of four months and nine days, the implanted gland was removed and the microscopic sections plainly showed the remnants of secreting tubules with an abundance of new blood vessels, and an abundant proliferation of the hormone-producing interstitial cells, or cells of Leydig.

At about this time, I performed some experiments upon fowls. The implanted glands, in several instances, were subsequently removed, sections made and microphotographs taken. My book on "Sex-Gland Implantation," published in 1917, contains a series of 25 microphotographs of sections taken from glands which had been implanted and removed, besides photographs of gross specimens, of implanted and removed glands, and of implanted glands in situ.

The announcement of my experiments appeared in the *Bulletin of the Chicago Medical Society* for March 7, 1914, and, at various times within the past few years, I have published clinical reports in the *Journal of the American Medical Association*.

As to Voronoff's Claims

Apropos of the claims of Voronoff, of Paris, I wish to observe:

1. Voronoff's name does not appear in the practically complete bibliography on gland implantation which I published in 1914, which bibliography included every bit of work bearing, even collaterally, upon my experiments, that I could find.

2. I never heard the gentleman's name, until it appeared in the public press of this country, and am not aware that he has at

any time published any observations upon gland implantation in a dignified manner in the medical press.

3. It is a self-evident proposition that Doctor Voronoff is more mindful of the publication of scientific matters in the secular press than he is of such matters appearing through professional channels. He was especially quick to note in the public press that Dr. L. L. Stanley, of San Quentin prison, California, had performed ten gland implantations. Voronoff showed lively interest in this work, by sending a cablegram to Doctor Stanley, congratulating him upon his success with his, Voronoff's, (*sic!*) method. As Doctor Stanley promptly replied through the medium of the United Press to the effect that the method, which he was using, was that of Doctor Lydston, of Chicago, who had performed the operation nearly six years ago, it would seem that Voronoff's congratulations fell rather flat.

As I write, I have before me a telegram received from Doctor Stanley, October 19, 1919, in which he states as follows:

"My ten cases of gland transplantation were done according to your technic and after close study of your book and reports in the *Journal of the American Medical Association*. No originality was claimed by me. In my only interview to the *San Francisco Bulletin*, Tuesday, and in interviews of my assistant, full credit was given you. I pointed out that Voronoff was far behind the times and that you had long preceded him. With my permission, you reported my first case. I suggest that you give this telegram to the papers."

There also lie before me the official prison records and hospital chart of the first case operated by Doctor Stanley about two years ago, with the correspondence between Doctor Stanley and myself relative to the case. The patient was operated upon by my method, and I myself published it, giving Doctor Stanley due credit, in the *Journal of the American Medical Association* for May 31, 1919.

It gives me great pleasure to express my appreciation of Doctor Stanley's efforts in following up my gland implantation work according to my methods. His efforts to give credit to whom credit was due cannot be too highly commended and I take this way of personally thanking him.